

Please print and complete this form + bring to your appointment.

INFORMED CONSENT FOR PHYSIOTHERAPY & TREATMENT

Physical Contact

I understand that, in order to diagnose my condition and make treatment recommendations, a physical assessment involving physical contact is required. **Initial here** _____

I understand that Terry Kane is a male physiotherapist and I have been offered the opportunity to bring a witness to be present during any appointment. **Initial here** _____

I understand that Terry Kane cannot provide a witness and therefore I accept that it is my responsibility to make all arrangements to secure a witness present if I wish to have one present. **Initial here** _____

Consent to Treatment

I understand that I will have the right to be informed by Terry Kane of his assessment findings and treatment recommendations before proceeding to any form of treatment or exercise. **Initial here** _____

I understand that I have the right to terminate any appointment at any time and decline any treatment at any time. **Initial here** _____

Treatment Recommendations

Treatment recommendations may include any of the following;

1. Education of my condition, my prognosis and my treatment options.
2. Education on self-management strategies and home based rehab exercises (example: stretching exercises).
3. Manual therapy may be used to restore or improve range of motion in stiff joints or tight muscles.

Identity

Legal name is: _____

Home address: _____

Telephone number is: _____

Date of Birth: _____

Email address: _____

Acceptance

By signing this document, I agree to all statements listed within this document.

Patient or Guardian Signature: _____

Print Name: _____

Date: _____